

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/069482		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		1
3							53		
4							54		1
5		2					55		
6		0					56		1
7		0					57		
8		0					58		
9		0					59		
10	1						60		
11	1						61		
12		1					62		
13		0					63		
14		0					64		
15		0					65		
16		0					66		
17		0					67		
18		0					68		
19		0					69		
20		0					70		
21		0					71		
22		0					72		
23	1						73		
24	1						74		
25		1					75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	24						TOTAL DEP.		
TOTAL CLAIMS	29						TOTAL CLAIMS		